

POLICY AMENDMENT REQUEST FORM

SECTION A

Policy No

1. Change in Address		Please Write in Block		<input type="checkbox"/> Current Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Work Address																
Address <input type="text"/>		City <input type="text"/>		Pin <input type="text"/>																		
Mobile* <input type="text"/>		Tel* <input type="text"/>		Please indicate your preference for preferred mailing address		<input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/>																
<p>Note: In case total Annual Premium exceeds Rs. 10,000, including all the policies, Please provide a copy of self-attested supporting address proof for new address. The supporting address proofs are as follows: (Please check the appropriate)</p> <p><input type="checkbox"/> Passport, Voter's Identity Card, Driving License, Ration Card <input type="checkbox"/> Letter from a recognized 'public authority' or public servant verifying the mailing address</p> <p><input type="checkbox"/> Telephone Bill, Electricity bill (not older than six months) <input type="checkbox"/> Affidavit Issued by a Gazetted officer. Gazetted officer should be of Central State Government</p> <p><input type="checkbox"/> Credit Card or Bank statement, which is not more than 3 months old <input type="checkbox"/> Valid lease agreement along with rent receipt, which is not more than 3 months old.</p>																						
2. Change in Name:		<input type="checkbox"/> Policy Holder	<input type="checkbox"/> Life Insured	<input type="checkbox"/> Company name																		
<p>Request to submit a duly signed policy amendment form along with the following additional documents</p> <p>For Company Name Change:</p> <ul style="list-style-type: none"> • Certify true copy of Memorandum and Articles of association of the Company along with a certified true copy of certificate of incorporation issued by Registrar of Companies <p>For Individual Name Change:</p> <ul style="list-style-type: none"> • Affidavit on stamp paper (according to the state value) attested by First class magistrate/Notary and copy of marriage Certificate/marriage card (for name change after marriage) • Affidavit on stamp paper (according to the state value) attested by First class magistrate/Notary and proof for name of change 																						
3. Change in Nominee:		Is New Nominee a Politically Exposed Person* (Yes / No) Please tick																				
<p>* Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads/ Ministers of Central /State government, Senior politicians, Senior government/ judicial / military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).</p> <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Relationship</th> <th>DOB (if minor; under age of 18)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Note: If nominee is a minor; below the age of 18 years please name a person (Appointee) to receive policy proceeds in the event of death of life insured, while the nominee is still a minor. Please provide following information for "Appointee"</p> <p>Name of Appointee: _____ Relationship to Nominee: _____</p> <p>Address: _____ Appointee's Signature: _____</p> <p>I fully understand the meaning and scope of the Policy Amendment request form and the questions / amendment requests contained above and submitting the completed Policy Amendment request form of my own volition.</p> <p>"In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect/incomplete information."</p> <p>Also, the relevant processing will be applicable from the date of complete requirements/documents received by Max Life Insurance</p>							From	To	Relationship	DOB (if minor; under age of 18)												
From	To	Relationship	DOB (if minor; under age of 18)																			
Signature of Policy Holder/Assignee (should match with policy records)				Date & Place:																		

Max Life Insurance Co. Ltd.

3rd Floor, Operation Center, 90-A, Udyog Vihar, Sector-18, Gurgaon-122015, Regd office: Max House, 3rd Floor, 1 Dr. Jha Marg, Okhla, New Delhi-110020, India
 Contact Details: Tollfree Customer Helpline:1800-180-5577 (from MTNL/BSNL), Other Networks: 2542001 (Dial STD Code 95124<from Delhi>, +0124<from other cities>).
 Tollfree Claims Helpline: 1800-103-5678 (from MTNL/BSNL) Fax: 4239683 (Dial STD Code 95124<from Delhi>, +0124<from other cities>)
 e-mail: service.helpdesk@maxlifeinsurance.com Visit us at: www.maxlifeinsurance.com

CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

Type of request

Received by _____ Date & Time of receipt _____
 Employee Code _____ Signature _____

GO Stamp

POLICY AMENDMENT REQUEST FORM

SECTION B

Policy No

4. Change in Mode

(Tick to indicate Mode required) ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

Terms & Conditions

- For a mode change to either Monthly or Quarterly mode, Electronic Payment Mode is applicable i.e., the method of payment should be through ECS or Credit card standing instruction only.
- Change in mode is subject to the terms and conditions of the policy contract and will be subject to the minimum premium amount as may be determined by the company from time to time with respect to the particular mode.

5. Change in Premium Payment Method

(Tick to indicate Method required) ☐ *Cash ☐ Cheque ☐ Direct Debit (Completely filled ECS mandate required)
☐ Credit Card (Completely filled CC mandate required)

*Remittances of premium by cash should not exceed Rs.50,000/-.

6. Change in Bonus option:

(Tick to indicate the Bonus option required) ☐ Cash ☐ PUA ☐ Premium Offset
 Note: Applicable only from next policy anniversary

7. Change in NFO option:

(Tick to indicate the NFO required) ☐ Reduced Paid Up ☐ Extended Term Insurance

8. Addition/Change of Rider

A- Addition

C - Change

Note :- Health Declaration Form is required for all addition of rider. Life insured may be required to undergo medical tests
 - Completely filled payor questionnaire and duly attested date of birth proof is required for addition of payor rider.
 "Any addition of rider/option is subject to company underwriting the risk or realisation of premium whichever is later and the company shall not be liable until such time it has underwritten the risk and issued the rider / option contract to the policy holder.

A	C	Riders (Tick to indicate)	Term	Coverage Amount	Effective Date	Current Occupation
<input type="checkbox"/>	<input type="checkbox"/>	Personal Accident Benefit				
<input type="checkbox"/>	<input type="checkbox"/>	Dread Disease Rider				NA
<input type="checkbox"/>	<input type="checkbox"/>	Payor rider				NA
<input type="checkbox"/>	<input type="checkbox"/>	Term Rider				NA
<input type="checkbox"/>	<input type="checkbox"/>	Term R & C (5 year)				NA
<input type="checkbox"/>	<input type="checkbox"/>	Waiver of premium (WOP)				
<input type="checkbox"/> Option to Participate in Progressive Bonuses (OPPB)			Premium Amount		Effective Date	

I understand and agree that the change request by me will be accepted by the Company subject to the terms and conditions of the policy contract.

"In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect/incomplete information." Also, the relevant NAV and processing will be applicable from the date of complete requirements/documents received by Max Life Insurance

Signature of Policy Holder/Assignee (should match with policy records)

Date & Place:

Max Life Insurance Co. Ltd.

3rd Floor, Operation Center, 90-A, Udyog Vihar, Sector-18, Gurgaon-122015, Regd office: Max House, 3rd Floor, 1 Dr. Jha Marg, Okhla, New Delhi-110020, India
 Contact Details: Tollfree Customer Helpline:1800-180-5577 (from MTNL/BSNL), Other Networks: 2542001 (Dial STD Code 95124<from Delhi>, +0124<from other cities>).
 Tollfree Claims Helpline: 1800-103-5678 (from MTNL/BSNL) Fax: 4239683 (Dial STD Code 95124<from Delhi>, +0124<from other cities>)
 e-mail: service.helpdesk@maxlifeinsurance.com Visit us at: www.maxlifeinsurance.com

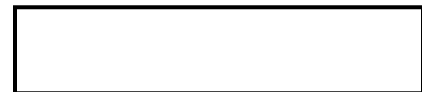
CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

Type of request

Received by _____ Date & Time of receipt _____

Employee Code _____ Signature _____



POLICY AMENDMENT REQUEST FORM

SECTION C

Policy No

9. Switching of funds:			(I authorize Max Life Insurance to invest all existing renewal premiums in the proportions mentioned below)
Switch From (Name of the fund*)	Switch To (Name of the fund*)	Percentage OR Amount	
Note: Please note that switching of fund changes only your existing funds. If you wish to change the fund allocation of future premiums, pls fill the information in below Section 10. The change will be effective once all the due premiums have been received in full.			
10. Redirection of funds:			(I authorize Max Life Insurance to invest all future renewal premiums in the proportions mentioned below)
Name of the fund*	Percentage	Note: - The request for redirection of funds will be accepted by the Company subject to the terms and conditions of the policy contract.	
*Name of fund – please choose from the below available fund options. a) Secure fund – ULIF00425/06/04LIFESECURE104 b) Growth Super fund ULIF01108/02/07LIFEGRWSUP104 c) Balanced fund- ULIF00225/06/04LIFEBALANC104 d) Conservative fund- ULIF00325/06/04LIFECONSER104 e) Dynamic Opportunity fund- ULIF01425/03/08LIFEDYNOPP104 f) Growth fund- ULIF00125/06/04LIFEGROWTH104			
13. Partial Withdrawl:			
Name of the fund	Amount to be withdrawn/Percentage	Note: - The Company will accept the request for partial withdrawal subject to the terms and conditions of the policy contract.	
I fully understand the meaning and scope of the Policy Amendment request form and the questions / amendment requests contained above and submitting the completed Policy Amendment request form of my own volition. "In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect/incomplete information." Also, the relevant NAV and processing will be applicable from the date of complete requirements /documents received by Max Life Insurance			
Signature of Policy Holder/Assignee (should match with policy records)		Date & Place:	

Max Life Insurance Co. Ltd.

VER 1.9

3rd Floor, Operation Center, 90-A, Udyog Vihar, Sector-18, Gurgaon-122015, Regd office: Max House, 3rd Floor, 1 Dr. Jha Marg, Okhla, New Delhi-110020,
 Contact Details: Tollfree Customer Helpline:1800-180-5577 (from MTNL/BSNL),Other Networks: 2542001 (Dial STD Code 95124<from Delhi>, +0124<from other cities>).
 Tollfree Claims Helpline: 1800-103-5678 (from MTNL/BSNL) Fax: 4239683 (Dial STD Code 95124<from Delhi>, +0124<from other cities>)
 e-mail: service.helpdesk@maxlifeinsurance.com Visit us at: www.maxlifeinsurance.com

CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

Type of request

Employee Code

Signature

GO Stamp